21602 99584	20697 4			te of Nel	_{braska} gator's	Mo [°]	tor	Vel	hicl	e A	cci	de	nt R	le	port		Shee	et1	of	4			
1	Total Nu		Local Distric			Agency Case p	6-044	720					HIT & R			1 .	INVESTIGATION MADE AT SCENE? XYES NO						
A/1	of Vehi		ј и /	D D /	YYY	No. D	0-044	720					(In		X NO ary Time)	STATE US	_		NO	1			
01	OF ACCIDENT	05/2				TV	N TH	FS	1 TIME	E OF	013												
A/2		COUNTY	, [Lancaste					- POL		013	4		:									
В	OF ACCIDENT	OF									1101	II ILD	PRIVAT		YES NO	05/22	2/20 ⁻	16					
55							PROPE	ERTY		LATITUDE				1									
С	ACCIDENT OCCURRED HIGHWAY NO. 33rd/Sheridan Blvd.										1		ONE-W STREE	VAY ET?	YES NO								
4	DISTANCE FROM MILEPOST N S E W OF MILEPOST										HI	GHWAY	Y NO.			LONGITUI							
D		NAN		AT INTERSECTI	ING ROADWAY	,		○ FE	FT (IF N	OT AT I		SECTION W OF		AREST STRE	T BRIDGE	RAII	ROAD C	:ROSSINI	3			
4	Sherida									, <u></u>			1 0.		,		.,		110001				
V1/M 10			-	IF	ACCIDENT V	VAS OUTS	SIDE CIT	Y LIM	ITS, IN	DICATE	DISTAI	NCE F	ROM NE	ARI	EST TOWN					_			
V2/M	MILES		1	N S E	W AND MILES			N	S E W OF NEAREST CITY OR TOWN														
	R. work	R1	R2	R3 R4	S. PEDES	TRIAN	S1	S2	S3	S4 S	5-a S5-	b S6	-a S6-b		DOES ACCID					1			
2	ZONE CODES	1			CLASS CODES	IFICATION	1								XY		ONO	OFERI	11				
								VE	HICLE	NO. 1										1			
F 1	DRIVER LICENSE	I	NO.	H13193	8809										STATE (Of License,	NE	S		FEMALE				
V1/N	DRIVER BRADY	J BUI	OZIN	ISKI							PHO: 4(51583			LOCAL N	О.						
6	DRIVER ADDRI	ESS			NE 69		STATE, ZI	Р							DATE OF BIRTH	08/0	1/19	90		V1/1	1		
V2/N	OWNER PHONE LOCAL NO.												O.	37									
G	MICHAE OWNER ADDR	ICHAEL J BUDZINSKI 4027701968 ER ADDRESS CITY, STATE, ZIP CITATION (X)											X YES	8-30				37					
4	10000 Blue Water Bay, Lincoln, NE 68527												○ PEN			LB51				V1/3			
н 2	LICENSE PLATE	PA	NO.	TJU633								(1	YEAR Plate Expire		2016		(Of P	late)	NE	35			
V1/O	VEHICLE		2010		Dodge		MODEL Gran o	d Ca	ravar	Med Med	ityle lium/la	arge	COLOR U SIIVE		chrome	STIMATED X TOTALI		βE		V1/4	ļ		
4	VEHICLE ID NO. (VIN)	HICLE ID 2DAPNADEOAPA30280									INSURANCE COMPANY Geico Advantage Insurance Co.										5		
V2/O	Towed to Towing Capital Towing Capital Towing							ina					POLICY	NO.		go mou	ario	0 00.		- 37 V1/6			
	Capital	TOWIT	<u> </u>			Сарна	ai i ow		HICLE	NO. 2	<u> </u>		43	3/3	506820					35			
1	DRIVER LICENSE		NO.												STATE (Of License		S	FX ~	FEMALE				
V1/P	DRIVER										PHO	NE			(=:=::::::)	LOCAL N	O.		> IVII CE				
6 V2/P	DRIVER ADDRI	ESS				CITY,	STATE, ZI	P							DATE OF					V2/1	ı		
V2/F	OWNER										PHO	NE			BIRTH (MM / DD / YYY	Y) LOCAL N	O.			V2/2	2		
J	OWNER ADDR	ESS				CITY.	STATE, ZI	P					CITATIO	N		CITATION	NO.			V2/3	3		
01													○ PEN		IG NO								
V1/Q 1	LICENSE PLATE		NO.									(1	YEAR Plate Expire	′ 1			STA (Of P	late)		V2/4	1		
V2/Q	VEHICLE	YEAR			MAKE		MODEL			BODY S	TYLE		COLOR			STIMATED TOTALI		BE.		V2/5	 5		
	VEHICLE ID NO. (VIN)												INSURA	NCE	COMPANY								
к 05	TOWED TO					TOWED BY	,						POLICY	NO.						V2/6	3		
		Comp	lete	this se	ection for	rallini	iured	ners	sons				DA	TF (OF BIRTH	1	2	3	4	5 6			
VEH. #		(Com	plete	a continuation	on report, if m	nore than t	hree we	re injur	red)						DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev.	ans.	M F		
_		J BUDZ	ZINSI	KI 3840 F	ranklin St.,		, NE 6	8506	6				08/01/	199	90	01	6	07	3 2	2 N	M		
1	LOCAL NO.		Bry	CAL FACILITY N CANLGH Med	dical Center	West (Line	coln Ge	neral)	EMS RUN REPORT NO. Lincoln Fire & Rescue														
VEH. #	NAME				AD	DRESS							-						\Box				
	LOCAL NO.		MEDI	CAL FACILITY N	NAME				EMS SE	ERVICE N	AME					EMS RU	JN REP	ORT NO.					
\/E	NAME				4.0	DRESS																	
VEH. #					AD	JINEOU																	
	LOCAL NO.		MEDI	CAL FACILITY N	NAME				EMS SE	ERVICE N	AME					EMS RU	JN REP	ORT NO.					

				THE FOLLOWING	NEODMATIC	N IS DECLUDED FO	OD ALL ACCIDENT						
				THE FOLLOWING		ON IS REQUIRED FOR BY DIAGRAM WHAT HAP	PENED AGEN	CY CASE NO.					
()					B6	-044720					
	ndica Norti	n											
				POI1: 16ft N of S Median. 44ft W of E Median.			N H						
				POI2: 27ft N of S Median. 46ft W of E Median. POI3: 74ft N of S Median.	1	S. 33rd							
				58ft W of E Median. Point of Rest: 132ft N of S M 62ft W of E Me		Street							
				'All Measurements are Appro	oximate'	Point of Rest			•				
									٠				
						P.O.I. 3							
				. ← Sheridan	Blvd	P.O.I. 2							
					1	1 1 1	Not To Scale	1.					
				2000		Γ BASED ON OFFICER'S I							
ERTY	OBJECT			OWNER NAME City of Lincoln Risk Mana	ADDRESS agement 555 S 10	s th St # 302, Lincoln, NE	68508 PHONE 402-441-76						
PRC			Curb	OWNER NAME City of Lincoln Risk Man	_	0th St # 302, Lincoln, NE	68508 PHONE 402-441-76	71	\$ 100	ST OF DAMAGE			
WITNESSES	NAME				ADDRESS	5		PHON	lE				
WITNE	NAME				ADDRESS	5		PHON	IE				
VEH	BE	FORE	COLLISION ROAD OR	POINT OF IMP MOST DAMAG	ED AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN	TS VEH	1 VEH			
NO.	IN S	EW	HIGHWAY NAMI		,	_	-	ALCOHOL TESTING	No. 1	Driver Pedes- No. 2 trian			
2	X		3310 31.		VEHICLE 2 POINT OF IMPACT	3	1 None used - vehicle occupar	ALCOHOL LEVEL TESTED	1	Y Y N			
1	01		06 Turning left	MOST DAMAGED 11	MOST DAMAGED	Deployed - front Deployed - side Deployed - both front/side	2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used	BAC LEVEL	.195				
2			07 Making U-tu 08 Entering traffic lane	rn AREA 00 None 02	03 04	4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	ALCOH DRUG SUSPEG	IOL/ 3S	Oriver No. 1 No. 2			
01 Essentially 09 Leaving straight ahead traffic lane				09 Top & windows 10 Undercarriage 01	05	VEHICLE 2	9 Restraint use unknown VEHICLE 2		alcohol nor d ohol suspect	rugs suspected			
02 Backing 10 Parked 03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traft Passing 12 Other				raffic 11 Total (all areas)	07 06		-	3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					
OFF	Turning TICER N 754		13 Unknown	TROOP/ TEAM/ BEAT 11	DEPARTM	MENT OIn Police Departmer	Photographs X YES taken? NO						
			AME (Print or Type)	Approved by	ATURE y Officer Zachary Klie	DATE OF 05/22/2016						

	60206 584	97				Moto	r Vehic	le A	ccider	nt Co	onti	nuatio	on Rep	ort	Shee									
				Local No./ District 103				Agency Case No.	B6-044	720						STAT	E USE C	NLY						
Vehicle Codes from		DATE 0	F ACCIDE	ENT (MM / DD /		PLACE OF ACCIDEN		Lar	ncaster															
Overlay #2	1	ON WH	ICH ACCII	DENT OCCUP	RRED STRE			<u>ncoln</u> 3rd/Sh	eridan E	Blvd.						quenc Event								
VEH.#								/EHICL		1														
	DRIV		NO.										STATE		SE	x -	FEMAL	.E						
	DRIVER	ISE	140.							PHONE			(Of License)	LOCAL	NO.		MALE	1						
M	2011/52 4	22222				0.77.4							D.175.05					1.						
N	DRIVER A	DDRESS	5			CITY, S	STATE, ZIP						DATE OF BIRTH (MM / DD / YYYY)					2.						
	OWNER PHONE							<u>(WIWI / DD / TTTT)</u>	LOCAL	NO.														
0	OWNER A	ADDRESS	3			CITY, S	STATE, ZIP				CIT	ATION PENDING	YES NO	CITATIO	N NO.			3.						
P	LICEN		NO.									EAR Expires)			STAT (Of Pla			4.	_					
Q	VEHI	CLE	YEAR	1	MAKE	V	MODEL		BODY STYL	.E	С	OLOR	ES	STIMATED DAMAGE TOTALED \$										
	VEHICL NO. (\lambda	E ID									II	NSURANCE	COMPANY	<i></i>	ALED W			5.						
	TOWED TO					TOWED BY					P	OLICY NO.						6.						
VEH.#								/EHICL	E NO	_								VE	EH. #					
	DRIV	ER						VEITICE	.L 140.				STATE		SE	v C	FEMAL	-						
	DRIVER	ISE	NO.							PHONE			(Of License)	LOCAL		<u>^ </u>	MALE	4						
M																		1.						
N	DRIVER A	DDRESS	3			CITY, S	STATE, ZIP						DATE OF BIRTH (MM / DD / YYYY)					2.						
•	OWNER									PHONE			<u> </u>	LOCAL	NO.									
0	OWNER A	DDRESS	3			CITY, S	STATE, ZIP				CIT	ATION	YES	CITATIO	N NO.			3.	_					
				Ī									G ONO		0717	_		4						
Р	PLA		NO.	YEAR	MAKE	- In	MODEL		BODY STYL	_	(Plate	EAR Expires)	l F.	TIMANTE	STAT (Of Pla	ite)		4.						
Q	VEHI	CLE		TEAR	IWAKE	l N	MODEL		BODT STIL			OLOR			ALED \$:		5.						
	VEHICL NO. (\										IN	SURANCE	COMPANY											
	TOWED TO					TOWED BY					Р	OLICY NO.						6.						
	<u> </u> /EHICLE	MOVE	MENT		DOINT OF I	MDAGT AN		L ΔΙΡ	BAG DEPL	OYED	\dashv	RESTR/	AINT USE	_		VEH		VEH						
	BEFORE	COLL	ISION	_	POINT OF II	AGED ARE	ĒΑ		VEHICLE _		, _	VEHIC			OTAL UPANTS									
NO. N	SEW	S E W ROAD OR HIGHWAY NAME		(E	Enter numbers								OHOL	Driv	er No.	Driver	No.							
				VEHI	CLE	VEHIC	CLE								COHOL	Υ		Υ						
				POINT OF IMPACT		POINT OF IMPACT		1 Der	oloyed - front		1 N	one used - v	vehicle occupant	LI	EVEL STED	N		N	_					
				MOST DAMAGED	+	MOST DAMAGED		2 Dep	oloyed - side oloyed - both	front/side	3 S 4 L	houlder belt ap belt only	only used used	BAC	LEVEL				_					
_		06 Tui 07 Ma	rning left aking U-turn	AREA		AREA		4 Not	deployed applicable/		5 C	hild safety s hild booster	seat used seat used	ALC	COHOL/	Driv	er No.	Driver	No.					
		08 En	tering ffic lane	00 None	0	2 03	04		airbag availa	ble	8 C	ostume helr			RUGS PECTEI	, —			_					
01 Ess	ght ahead	09 Lea	aving ffic lane	09 Top &	windows	-			VEHICLE_		19 K	estraint use VEHIC			Neither ald		r drugs	suspec	ted					
02 Bac 03 Cha	nging lanes	10 Pa 3 11 Slo	owing or	10 Under	· 01		05				┨├				⁄es - alcoh ⁄es - drugs									
04 Ove Pass	sing	12 Oth		ffic 12 Other		08 07	06	_						4 \	⁄es - alcoh Jnknown			ected						
05 Turn	ing right		known									DATE O	F BIRTH	1	2	3	4	5	SEX					
	NAME	Co	omplet	e this se	ection for	r all inj	ured pe	rsons	;		_		D/YYYY)	Sea Positi	t on Eject	Body Region	Injury Sev.	Trans.						
VEH. #																		_						
	LOCAL NO).	MEI	DICAL FACILITY!	NAME			EMS S	ERVICE NAME		•			EMS	RUN REPO	RT NO.								
\/F!! "	NAME				AD	DDRESS																		
VEH. #	LOCAL NO).	IME	DICAL FACILITY!	NAME			EMS S	ERVICE NAME					EMS	RUN REPO	RT NO.								
VEH. #	NAME				ĀD	DDRESS				_									-					
	LOCAL NO).	ME	DICAL FACILITY	NAME			EMS S	ERVICE NAME					EMS	RUN REPO	RT NO.								

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	$\overline{\ }$														AGENCY	CASE NO 44720			
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In	dicate lorth																		
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RT≺ (BJECT DAN Cemer		ırb	OWNE	R NAME of Linco	oln Risk	Manage	ment 55	ADDRESS 5 S 10th	St # 302	2, Lincolı	n, NE 6	8508	PHONE 402-4	41-7671	l	* 10	COST OF	DAMAGE
ROPE	BJECT DAM			OWNE	R NAME				ADDRESS					PHONE	71 707	•		. COST OF	DAMAGE
OBJECT DAMAGED Cement Curb OBJECT DAMAGED OBJECT DAMAGED OBJECT DAMAGED OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME									ADDRESS							Ph	HONE		
NAME													PHONE						
WIT	YED NO			T=	FD005'				ADDRESS	NIT									
OFFICER NO. TROOP/ TEAM/ BEAT 11										Lincoln Police Department									
INVESTIGATOR NAME (Print or Type) Zachary Kliegl Approved by Officer Zachary Kliegl														DATE O	F 05'	20/221			
∣ ∠a	chary	Klieg	I					Approv	ed by	Officer	∠achar	y Klieg	JI			DATE O	т 05/2	22/201	Ö